



Consumer Services Department

CONSUMER PROTECTION DIVISION
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Miami-Dade County Cable Television Service Survey

Dear Miami-Dade County Resident:

Miami-Dade County wants to hear from you about cable TV. We are conducting this survey to assist us in determining the needs of our community relating to cable television service. If you wish to participate, please print out the survey and answer all the questions that apply. We ask that you mail the completed survey to:

**Miami-Dade County
Consumer Services Department
Consumer Protection Division
140 West Flagler Street, Room 902
Miami, Florida 33130**

1. How long has your household subscribed to cable TV?

☐ Less than 6 months ☐ 1 - 3 years ☐ 5 - 7 years ☐ 9- 12 years
☐ 6 mos. to 1 yr. ☐ 3 - 5 years ☐ 7 - 9 years ☐ 13 yrs. or more

2. Why does your household subscribe to cable TV? **(Mark all that apply)**

<input type="checkbox"/> To improve reception	<input type="checkbox"/> Wider program variety	<input type="checkbox"/> Wanted premium channels
<input type="checkbox"/> Wanted special channels (e.g. Disney, ESPN, Canal SUR, BET, MTV)	<input type="checkbox"/> Spouse or children wanted it	<input type="checkbox"/> Other (please specify): _____ _____ _____

3. Please rate your level of satisfaction (using a scale of 1 to 5, with 1 being Unacceptable and 5 being Excellent) with the following aspects of cable TV service:

Unacceptable **1 2 3 4 5 Excellent**

<input type="checkbox"/> Picture Quality	<input type="checkbox"/> Signal Reliability
<input type="checkbox"/> Program Quality	<input type="checkbox"/> Program Variety
<input type="checkbox"/> Sound Quality	<input type="checkbox"/> Remote Control Unit
<input type="checkbox"/> Converter Box	<input type="checkbox"/> Positions of Channels

4. Please rate your level of satisfaction (using a scale of 1 to 5, with 1 being Unacceptable and 5 being Excellent) with the following cable TV customer services:

Unacceptable **1 2 3 4 5 Excellent**

___ Customer Assistance
___ Office Hours Access
___ Billing Practices
___ Phone Time on Hold

___ Telephone Response
___ Courtesy of Staff
___ Inquiry Follow-up
___ Repair Service

5. Have you experienced any of the telephone problems listed below when calling customer service in the past year? **(Mark all that apply)**

___ Lines are Always Busy
___ Long Time on Hold

___ Constant Automated Recordings
___ Constant Phone Ads

6a. Have you experienced any of the problems listed below in the past year?
(Mark all that apply)

Cable TV Outage ___ Yes ___ No
Specific Channel ___ Yes ___ No
Outage
Converter Box Failure ___ Yes ___ No
Unburied Cables ___ Yes ___ No

Poor Reception ___ Yes ___ No
Picture Fade in Bad ___ Yes ___ No
Weather
VCR Does Not Record ___ Yes ___ No
Cable
Delays in Repair ___ Yes ___ No
Service

6b. If you answered YES to Cable TV Outage in 6a, how many outages have you had in the past year?

___ 1 to 3

___ 4 to 6

___ More than 6

7. Have you contacted your cable TV company about a repair in the past year? ___ Yes ___ No

8. How long did it take for the cable TV company to repair the problem(s)?

___ Less than 1 day
___ 1-2 days
___ 2-3 days
___ 4-5 days
___ 6-7 days

___ 7-14 days
___ 14-30 days
___ 1-3 months
___ Over 3 months
___ Problem not resolved

9. Were you given a credit on your bill for lost service? ___ Yes ___ No

10. Was the problem(s) handled to your satisfaction? ___ Yes ___ No

11. Did you contact your cable TV operator about installing cable TV service in your residence in the past year? ____ Yes ____ No

12. How long did it take for the cable TV company to install your cable TV?

____ Less than 1 day	____ 4-5 days	____ 14-30 days	____ Not yet Installed
____ 1-2 days	____ 6-7 days	____ 1-3 months	____ Don't know when
____ 2-3 days	____ 7-14 days	____ Over 3 months	installation was done

13a. Was the installation handled to your satisfaction? ____ Yes ____ No

13b. If you answered NO to the previous question, why was the installation unsatisfactory?
(Mark all that apply)

____ House was damaged	____ Technician did not arrive at scheduled time
____ Yard or plants were damaged	____ Technician ignored concern for my property
____ Technician was rude	____ Wiring was installed in a careless manner
____ No signal when installed	____ Cable TV signal was poor when installed

14. How much do you pay per month for cable TV service?

____ Less than \$20.00 ____ \$20.00 to \$30.99 ____ \$31.00 to \$40.00 ____ \$40.00 or more

15. If the cable system included more channels, would you be interested in seeing more local programming on cable other than what currently appears on the local networks (CBS, ABC, NBC, Fox)?
____ Yes ____ No

16. Overall, (using a scale of 1 to 5 with 1 being Unacceptable and 5 being excellent) how would you rate your cable TV company?

Unacceptable **1 2 3 4 5 Excellent**

Rating of your cable TV company: _____

Name of your cable TV company: _____

17. Of the following types of programs, please check the types of programs that you would like to see more of in the future:

- | | |
|---|--|
| <input type="checkbox"/> Local News | <input type="checkbox"/> Talk Shows |
| <input type="checkbox"/> Local Sports | <input type="checkbox"/> National/International News |
| <input type="checkbox"/> Regional Sports | <input type="checkbox"/> Local/Regional/National Weather |
| <input type="checkbox"/> Religious Programming | <input type="checkbox"/> National Sports |
| <input type="checkbox"/> African American Programming | <input type="checkbox"/> International Sports |
| <input type="checkbox"/> Creole Language Programming | <input type="checkbox"/> Music Videos |
| <input type="checkbox"/> Spanish Language Programming | <input type="checkbox"/> Public Affairs Programs |
| <input type="checkbox"/> Televised Legal Proceedings | <input type="checkbox"/> Classic Movies |
| <input type="checkbox"/> Contemporary Movies | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Cultural/Literary Programs | <input type="checkbox"/> Entertainment/Comedy Shows |
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Pay-Per-View Events |
| <input type="checkbox"/> Health Fitness Programs | <input type="checkbox"/> Financial/Business Programs |
| <input type="checkbox"/> Travel/Food/Leisure Programs | <input type="checkbox"/> Local Programming |
| <input type="checkbox"/> Community Access Programs | <input type="checkbox"/> Adult Programs/Movies |
| <input type="checkbox"/> Home Shopping Programs | <input type="checkbox"/> Other (Please specify) _____ |

18. Are you interested in receiving interactive services? ☐ Yes ☐ No

19. In which interactive programs would you be interested? **(Mark all services that interest you)**

- | | |
|--|--|
| <input type="checkbox"/> Internet Services | (Using on-line services through a cable TV/phone link.) |
| <input type="checkbox"/> Home Shopping | (Purchasing items shown on TV by phone or through a computer.) |
| <input type="checkbox"/> Telephone Service | (Local and/or long distance telephone services via cable.) |
| <input type="checkbox"/> Banking | (Making bank transactions through a cable TV/phone link) |
| <input type="checkbox"/> Tele-conferencing | (Using cable TV/phone lines to link groups of people together on audio or video conference calls.) |
| <input type="checkbox"/> E-mail | (Being able to send and receive text messages by cable TV/phone line.) |
| <input type="checkbox"/> County/Municipal Services | (Obtaining County information through a direct cable TV/phone link with County offices.) |
| <input type="checkbox"/> Health Care | (Being able to send or receive medical information or see and talk to a doctor or nurse by way of cable TV/phone lines.) |
| <input type="checkbox"/> Interactive Games | (Being able to play video games against a computer or other participants through cable TV/phone link) |
| <input type="checkbox"/> Other Explain: _____ | |

Name (Please Print):

Address:

Phone:

If you have any questions about your cable TV service, please call the Consumer Services Department at 305-375-3677.